

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2001

Application or Docket Number

**09/754232**

**CLAIMS AS FILED - PART I**

(Column 1)	(Column 2)
TOTAL CLAIMS	
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	19 minus 20 =
INDEPENDENT CLAIMS	3 minus 3 =
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTIT
RATE	FEE
BASIC FEE	320.00
X\$ 9=	<input type="checkbox"/>
X42=	<input type="checkbox"/>
+140=	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>
OR	TOTAL
RATE	FEE
BASIC FEE	740.00
X\$ 18=	<input type="checkbox"/>
X84=	<input type="checkbox"/>
+280=	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>
OR	TOTAL

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	25	Minus
Independent	5	20
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>	= 5
Independent	5	Minus
Total	25	= 2

SMALL ENTITY	OTHER THAN OR SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>
X42=	<input type="checkbox"/>
+140=	<input type="checkbox"/>
TOTAL ADDT FEE	<input type="checkbox"/>
OR	TOTAL ADDT FEE
RATE	ADDI- TIONAL FEE
X\$ 18=	90
X84=	168
+280=	<input type="checkbox"/>
TOTAL ADDT FEE	258
OR	TOTAL ADDT FEE

(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	47	Minus
Independent	5	25
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>	= 27
Independent	5	Minus
Total	47	= 0

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$ 18=	90
X42=	<input type="checkbox"/>	X84=	168
+140=	<input type="checkbox"/>	+280=	<input type="checkbox"/>
TOTAL ADDT FEE	<input type="checkbox"/>	TOTAL ADDT FEE	258
OR	TOTAL ADDT FEE	OR	TOTAL ADDT FEE

(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	30	Minus
Independent	2	47
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>	= 5
Independent	2	Minus
Total	30	= 5

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$ 18=	<input type="checkbox"/>
X42=	<input type="checkbox"/>	X84=	<input type="checkbox"/>
+140=	<input type="checkbox"/>	+280=	<input type="checkbox"/>
TOTAL ADDT FEE	<input type="checkbox"/>	TOTAL ADDT FEE	396
OR	TOTAL ADDT FEE	OR	TOTAL ADDT FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 5, enter "5"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 2.